

Individual Service Strategy / Educational and Employability Development Plan

Name: _____ Social Security Number: _____ - _____ - _____

Section I – Background Information

Education

School Drop-Out	Youth In-School	H. S. Grad (No Post H. S.)	Highest Grade Completed _____
Student	Youth Out-of-School	Post H. S. Attendee	Major Course of Study _____

Work History

Other Skills & Interests

Section II – Education & Employment Goals

Education

Employment

Section III – Pre-Assessment

	Name of Test	Grade Equivalent	Date Administered	Administered by:
Reading				
Math				

Education & Employment Services / Needs

Training		Supportive Services:
Basic Education Skills	Offender	
Reading	Individual w/ Disability	
Writing	Health	
Math	Drug or Alcohol Abuse	
Behind Grade Level	Pregnant or Parenting Youth	
High School Diploma, GED	Age	
Credential Requirements	Offender	
Language	Race / National Origin	
Lacks Employment Experience	Cash Welfare Recipient	
Lacks Job Appropriate Opportunity	SDA Designated Category	
Homeless / Runaway	Other:	

Section IV – Individualized Plan

Recommended Activities & Services to Meet Stated Goals

Projected Unsubsidized Position

Employment Plan Summary

Section V – Post Assessment

Testing

Other

Section VI – Statement of Receipt

I hereby certify that I have been informed and understand the following documents and/or information:	Counselor Initials	Participant Initials
1. Referral Information		
2. Local Labor Market Demand List		
3. Poverty Level Income for the area and the income necessary to live above the poverty level		
4. Grant & Loan Info to attend training and potential indebtedness and repayment requirements		

Section VII – Statement of Understanding

I understand that participation in a WIA activity does not create an entitlement of services and nothing in the ACT shall be constructed to establish a private right of action for a participant to obtain services described in the Objective Assessment or ISS/EEDP.

I further understand that the above ISS/EEDP requires my participation and cooperation and that, if I am a welfare recipient, I should notify my casemanager if any changes are needed in this plan.

Applicant's / Participant's Signature _____ Date _____

Interviewer's Signature _____ Date _____

SDA / Non-SDA Name _____